## STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo

## BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 212 - T

|   | ) If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above. |  |  |  |
|---|--|--|--|--|
| Po Box 273  Alcodele Sc 29810   | Telephone: (205) \$84-4115  Fax: (803) \$84-4119  Other:  Email: a facet 350 hot mailer  colleges nor supplements the filing and service of pleadings or other papers  |  |  |  |
| NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.  NATURE OF ACTION (Check all that apply) |  |  |  |  |
| Application - Class C Taxi  | Request to Amend Scope of Authority  |  |  |  |
| Application - Class C Charter   | Request to Amend Tariff (rate increase, etc.)  |  |  |  |
| Application - Class C Charter Bus   | Request to Amend Passenger Limit   |  |  |  |
| Application - Class C Non-Emergency   | Request  |  |  |  |
| Application - Class E Household Goods   | ☐ Exhibit  |  |  |  |
| Application - Class E Hazardous Waste   | Late-Filed Exhibit   |  |  |  |
| Application   | □ Letter Q   |  |  |  |
| Request for Extension to Comply with Order  | Proposed Order   |  |  |  |
| Request for Order Granting Authority to Obtain Certification Public Convenience and Necessity to Be Rescinded   | icate of Publisher's Affidavit   |  |  |  |
| Request for Cancellation of Certificate   | Reservation Letter   |  |  |  |
| Request for Suspension  | Response   |  |  |  |
| Request for Reinstatement   | Return to Petition   |  |  |  |
| Request for Name Change on Certificate  | Other:   |  |  |  |

#4 11 **1** 

| CLASS   | C AMEND          | MENT FORM             | David on form a dame to                                   |
|---|------------------|-----------------------|---|
| File the original with:                                   |                  |                       | Mail or fax a copy to:<br>S.C. Office of Regulatory Staff |
| Public Service Commission of South Card<br>Clerk's Office | lina             |                       | Transportation Department 1401 Main Street, Suite 900     |
| Motor Carrier Matters                                     |                  |                       | Columbia, S.C. 29201                                      |
| P.O. Box 11649<br>Columbia, S.C. 29211                    |                  |                       | (803) 737-0578<br>FAX (803) 737-0815                      |
| (803) 896 5100  | KEC              | EIVED                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                   |
| FAX (803) 896-5199  |                  | <del>- 1 / 2012</del> |   |
| DATE: 3-13-13   | , ,              | 7 1 4 2012            |   |
|   | T.T.             | W.W.W                 |   |
| I have the following Certificate:                         | -, ,             |                       | <b>.</b>  |
| Class C Taxi # Class C                                    | Charter#_        | <u> </u>              | Class C Charter Bus #                                     |
| Class C Non-Emergency # 8294                              |                  |                       | O difference  |
| Please consider this as my request for the                | : following      | amendment(s) to       | my Certificate:   |
| Name Change   |                  |                       |   |
| From: Lauren Creech and James                             | es Grantof       | BA: Smooth S          | Sculing Transportation                                    |
| (Current Name)  |                  | (                     | Current DBA if applicable)                                |
| C IA C II a Tra   | معاملي           | uc                    |   |
| To: Smooth Sailing Trans (New Name)                       | <u>Maring Br</u> | N:                    | (New DBA if applicable)                                   |
| Scope of Authority  |                  |                       |   |
| - Land  | To               | o:                    |   |
| From:(Current Scope)                                      |                  | (                     | (New Scope)   |
| Passenger Limit   |                  |                       |   |
|   | Te               | o:                    |   |
| From:(Current Limit Number)                               |                  | (Ne                   | ew Limit Number)  |
| (Current Limit Author)                                    |                  | `                     | -   |
|   |                  | ,                     | POBOX 973   |
| Name & DBA if DBA is applicable)                          | •                | (Street ar            | nd/or Mailing Address)                                    |
| Name & Parties and Transfer                               |                  | \.                    |   |
|   |                  | - John                | (Signature)   |
| (City, State, Zip Code)                                   | (                |                       | (Signature)   |
|   |                  |                       |   |
| (Telephone Number)  |                  | (Tit                  | le) Owner, President, etc.                                |

Revised 3-2-10

smooth Sailing

## The State of South Carolina



Office of Secretary of State Mark Hammond

## **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

SMOOTH SAILING TRANSPORTATION, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on February 24th, 2012, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

> Given under my Hand and the Great Seal of the State of South Carolina this 24th day of February, 29